

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Lima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>132</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>284</u>
Town of _____			Local Registrar No. _____
or <u>Globe</u>			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Nicholas Ruiz</u>			
3. Sex of Child <u>M</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____ 5. Legitimacy? <u>yes</u> 6. Date of birth <u>4</u> <u>9</u> <u>1924</u> Month day year			
8. FATHER		14. MOTHER	
Full name <u>Dionisio Ruiz</u>		Full maiden name <u>Rosie Lopez</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Durango</u> (State or country) <u>Mexico</u>		18. Birthplace (city or place) <u>Florence</u> (State or country) <u>Arizona</u>	
13. Occupation Nature of industry <u>Teamster</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>6</u>		<u>yes</u>	
(b) Born alive but now dead <u>4</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12 P.m.</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Dr. H. H. Hunt</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address _____	
Month, day, year. _____		Filed <u>4-15-1924</u> <u>B.G. Gray</u> <u>5-5-1924</u> <u>B.G. Gray</u>	
Registrar. _____		County Registrar. _____	

599-409-939